



Michigan Department of Natural Resources, Forest, Mineral and Fire Management

FOREST STEWARDSHIP PROGRAM

MANAGEMENT PLAN WRITING GRANT APPLICATION

This information is required under the Forestry Title of the 1990 Farm Bill for writing Forest Stewardship Management Plans for Non-Industrial Private Landowners.

Name of Applicant/Organization	Name of Applicant's Contact Person
Address	Telephone Number ()
City, State and Zip Code	Federal Employer Identification Number (FEIN) / Social Security Number
Telephone Number ()	Certified Plan Writer Name(s)
E-mail Address	
Estimated Number of Management Plans to be Completed	Amount of Grant Requested (maximum 50% of total project amount) \$
Estimated Total Number of Acres	Amount of Match (minimum of 50% of total project amount) \$
Narrative (Optional)	

I certify that the above information is true and accurate to the best of my knowledge.

Applicant or Designated Representative's Signature

Date

For further information contact the Forest Stewardship Coordinator at: (517) 335-3355

Submit completed application to: **FOREST STEWARDSHIP PROGRAM**
FOREST, MINERAL AND FIRE MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30452
LANSING MI 48909-7952